



AMA FEDERAL COUNCIL COVID-19 COMMUNIQUE

Preamble

Australia's response to the COVID-19 pandemic to date should be regarded as a success story in comparison to most similar countries. Australia's rate of COVID-19 infections is amongst the lowest in the world and other countries have seen many more lives lost than Australia.

To achieve this, Australia has implemented a range of measures including restrictions on daily life and work, border closures, the encouragement of physical distancing and personal hygiene, high levels of COVID-19 testing, contact tracing, enhanced health system capacity, mask wearing, work place changes, and support for employees to stay away from work when unwell.

These measures have worked together to tackle the spread of the virus by improving hygiene practices and reducing contact and movement within society.

Despite the imposition of significant changes to our lives, the Australian economy has suffered less than most similar nations. There are also signs of recovery appearing in those state/territories that have either eliminated COVID-19 or achieved negligible rates of community transmission. Overall, the measures that have been implemented by Australian governments, including restrictions, have mitigated the economic consequences of the pandemic.

This means that, unlike many other countries, and as we appear to be bringing existing outbreaks under control, Australia is in a strong position to set its own agenda in tackling COVID-19 and supporting a continued economic recovery. This is the challenge that National Cabinet must embrace.

National Cabinet

National Cabinet was forged in the midst of a crisis and worked extremely well during the initial response to the pandemic. Circumstances have now changed and, while COVID-19 remains an ever-present threat that requires decisive and robust public health interventions, National Cabinet must focus on a sustainable recovery. In taking on this task, National Cabinet must show strong leadership and a commitment to work together in the national interest.

This strategy must start with a revision of the May 2020 Roadmap announced by National Cabinet, recognising that we have learnt a great deal about COVID-19 since then, based on local and overseas experience. We propose that the revised and updated national strategy should be based on the following pillars:

Health should remain the number one priority

1. The principal driver of policy with respect to COVID-19 must be the health and wellbeing of Australians. This must include consideration of the needs of those in the community who are most vulnerable to the impact of the COVID-19. These include the aged, Indigenous peoples, lower socio-economic groups, ethnic minorities, and those with chronic health conditions. These people should not be isolated or left behind in our policy response to the virus and we must ensure that strong measures are in place to protect them.
2. The overseas evidence shows countries with an effective public-health response that controls the spread of COVID-19 builds community confidence, and this results in better economic outcomes. There is no “trade-off” between public health and economic activity, as those places that are harder hit by the pandemic are experiencing even more significant economic consequences. Our own Reserve Bank has stated that the future path of the recovery is highly dependent on containment of the virus.
3. The current goal of zero-community transmission of COVID-19 set by National Cabinet remains appropriate and achievable. With very low infections numbers in New South Wales and the promising results being seen in Victoria, there are good prospects that this can be achieved. Plans and policy settings must ensure that, even in circumstances where zero community transmission is achieved, outbreaks can be effectively managed in a decisive and timely fashion.

Medical leadership and transparency in decision making

1. The Australian Health Protection Principal Committee (AHPPC) has provided strong national leadership, giving expert advice to guide our COVID-19 response. The processes and advice of the AHPPC need to be more transparent, backed by agreement that all jurisdictions will implement AHPPC advice, except in situations where local circumstances and corresponding medical evidence dictate otherwise. It is important that governments explain their decisions to the community and how they have been reached.
2. In the longer term, Australia must establish a Centre for Disease Control. The fact that some States and Territories have managed better than others in controlling COVID-19 highlights the inconsistencies and lack of national co-ordination needed to manage such an external threat to lives and public safety. The AMA’s position on a Centre for Disease Control is more fully outlined at <https://ama.com.au/position-statement/australian-national-centre-disease-control-cdc-2017>

Robust quarantine arrangements

1. Australia's geographic location and commitment to international border closures has contributed to its success against COVID-19. Mandatory hotel quarantine has generally proven effective, recognising that poorly designed arrangements in Victoria were a significant factor in its second wave of infections. This may not have arisen if there had been an agreed on, and tested, national strategy for quarantining overseas arrivals.
2. Quarantine arrangements must be strengthened through the development of strict national standards, taking into account the lessons from Victoria as well as best practice examples from other states/territories. It must be managed by an agency in each state/territory that understands the principles of effective quarantine arrangements, that has effective governance arrangements that draw on bio-security, medical and disaster management expertise, and that is able to organise the right supports for quarantined people, as well as utilise staff that possess the requisite skills in maintaining bio-security, infection control and the use of personal protective equipment (PPE).

Living with the threat of the virus means living with restrictions

1. No system of quarantine is perfect, and Australians must accept that the threat of the virus will be with us for some time to come. The more we seek to open up by relaxing rules and the more complacent we become, the more vulnerable we are to outbreaks. This is the reality of the overseas experience, even in those countries that have previously been seen as having exemplary responses to COVID-19.
2. Until an effective treatment(s) and/or vaccine(s) are available, learning to live with the threat of COVID-19 means that some measure of restrictions will need to be in place in our community. These need to be compatible with the achievement of zero community transmission and, in circumstances where this is achieved, target high risk activities - as well as support the effective containment of outbreaks if they subsequently occur. Sensible restrictions will help minimise the risk of harsh lockdowns and this must include the mandated use of masks in areas of community transmission.
3. Where outbreaks occur, the response must be early and decisive, recognising that with an incubation period of up to 14 days, COVID-19 outbreaks can remain undetected and spread quickly through the community, with no regard for geographic boundaries.
4. It is acknowledged that, in trying to protect our overall health and wellbeing, while supporting economic activity, the necessary imposition of restrictions will affect all of our lives in different ways. In particular, they will have significant consequences for some sectors of the economy that are known to involve higher risks of community transmission, and the people that rely on those sectors. They will also take a toll on our mental and physical well-being. Governments must recognise this and provide additional and targeted

help for those that are affected by this, including financial, social, and mental health support.

Better decision making through a new and transparent COVID-19 Alert System

1. New Zealand has established a COVID-19 Alert System to manage and minimise the risk of COVID-19. It provides transparent information to the community about the extent to which COVID-19 is present in the community and outlines the response measures that will be implemented according to each alert level.
2. It is based on a range of factors including scientific knowledge about COVID-19 and information about the effectiveness of control measures in New Zealand and overseas. The Alert Levels may be applied at a town, city, territorial local authority, regional or national level.
3. Australia should adopt a similar national system that takes into account a range of factors such as infection numbers, the extent of community transmission, health system capacity, and testing and tracing capacity. This can then be used to inform policy development, the tightening/easing and nature of restrictions, and the operation and preparedness of our health system and emergency services.

Effective testing and contact tracing and collaboration between jurisdictions

1. COVID-19 testing and the rapid reporting of results must remain central to our COVID-19 response - backed by well-resourced and effective contact tracing systems. However, it must be acknowledged that testing and contact tracing are not sufficient in themselves to control the spread of COVID-19. They are important, but only part of the necessary suite of policy measures required to tackle COVID-19, which includes the maintenance of physical distancing rules.
2. Nationally agreed standards for testing and contact tracing must be agreed, including resourcing arrangements, guidelines to appropriately target testing, timeframes for the reporting of results and benchmark times for making actual contact with close contacts. These targets should be meaningful, made public and regularly reported on.
3. States/territories should also put in place a national agreement to support each other that can be enacted quickly, including the provision of surge capacity for both testing and contact tracing.
4. The provision of data from the states/territories to the Commonwealth must be provided on a real time basis to better inform national policy and responses.

Health system capacity

1. Our health system is one of the best in the world and governments have worked to increase its capacity to respond to COVID-19 outbreaks. We have made the significant investments in PPE, ventilator capacity, hospital beds, COVID-19 testing, telehealth, as well as reorganising health care delivery to support surge capacity. This remains a work in progress, with more reform needed to ensure that our health system is not only 'pandemic ready' but also well positioned to meet community need beyond the pandemic.
2. Whatever investments are put in place, our health system cannot function without people. The safety of our health care workers and adherence to workplace health and safety laws must be an absolute priority for all governments, achieved through a zero tolerance approach to health care worker infections, robust infection control training and processes, revised workplace systems and design, adequate PPE (including fit testing) and the full implementation of plans for the national surveillance of health care worker infections.
3. Workers compensation arrangements must presume that all health care worker infections are due to workplace exposure, ensuring that health care workers and their families are appropriately supported and not forced to endure lengthy and intimidating claim processes.
4. Governments must also acknowledge the enormous stress that the COVID-19 response is causing doctors and workers in the health care sector. The fear of infection, combined with workforce shortages, long hours and fatigue, and a lack of access to leave is impacting on the capacity of our health system to continue to deliver care for patients. Government must support their health care workforces, including through facilitating access to mental health care where required, as well as through careful management of rostering arrangements.
5. A national health workforce plan is also required to ensure that Australia has adequate surge capacity, the community has continued access to medical care, and the disruption of medical training is minimised. This should be coordinated by the Commonwealth, with the strong cooperation of the states/territories.
6. Hospitals must implement best practice infection controls so that they minimise the risks of infection, and are able to continue to operate normally during periods of community transmission - guided by the adoption of a COVID-19 alert system. Where hospitals and health services are required to scale back operations during significant outbreaks, arrangements must ensure that their return to normal capacity is a priority as restrictions ease.
7. The Government must supply adequate and appropriate PPE for doctors and other health professionals working in community settings, particularly those that are considered a high risk setting such as general practice. Practices must continue to ensure robust infection control training and processes, and implement revised workplace systems and design to protect their staff and patients.

8. Maintenance of access to normal health care, including screening and prevention activities, should be a priority for government policy. This includes times of significant community transmission. Telehealth must continue to be a feature of our COVID-19 response, supporting patients to access GP and non-GP specialist services, while minimising the risks of transmission, and protecting doctors, staff, and patients.

Mental Health

1. Mental health support must remain a critical priority for governments, with the upcoming Federal Budget providing an opportunity to bolster services, particularly in primary care and community specialist practice. This must extend to improved funding of mental health services provided by psychiatrists, GPs, psychologists, and mental health nurses.
2. Governments must also acknowledge the severe impact that unemployment and financial stress will have on many individuals and households during the remainder of the pandemic and anticipated economic recovery. The JobSeeker Coronavirus supplement has provided a significant safety net that has helped people to survive very difficult economic times, and the Commonwealth must now consider a permanent increase to the rate of JobSeeker.
3. This support must remain in place for a number of years, recognising not only the impact of COVID-19, but also unemployment and social dislocation that will be a feature of our economic recovery.

Aged Care

1. The response to COVID-19 in aged care has been shown to be reactive and the lines of responsibility between the Commonwealth and the states/territories are blurred. Unlike in disaster situations, there is no unity of command that can overcome jurisdictional boundaries.
2. A more coordinated approach is required to protect residents in aged care facilities. This requires the immediate establishment in all states/territories of the nationally-agreed Aged Care Health Emergency Response Operations Centres (ACERC) to oversee preparations, lift standards, and coordinate support for those facilities that experience outbreaks.
3. Other policy measures required include the introduction of mandated minimum staff-to-resident ratios, a mandated skill mix with a round the clock registered nurse presence, adequate access to PPE, training in infection control, the uniform adoption of best practice infection control procedures, and more funding for home packages.

National Vaccine & Treatment Strategy

1. With over 150 vaccines in development and various treatments being trialled, there is optimism that one, or more of these will succeed. However, this is not certain and in the

event that vaccines/treatments are proven effective, it may be some time before they become widely available.

2. The Commonwealth must continue its work to identify a suite of promising vaccine candidates and negotiate access to these as part of a strategy to ensure that Australia is able access a successful vaccine(s) in a timely fashion. The Commonwealth's participation in COVAX is also welcome.
3. The Commonwealth, along with the states and territories, needs to develop a plan to support the timely roll out of a vaccine(s), with input from key stakeholders including general practice. This plan must be supported through public education, adequate investment in manufacturing capability, storage and distribution, and support for immunisation providers.
4. Australia must recognise it has a global responsibility to support developing nations, particularly in our region, in accessing vaccines/treatments. Australia must continue to invest in global initiatives that support this.
5. Governments and the community must also contemplate the potential scenario where a vaccine is not found, and the available treatments continue to offer supportive care as opposed to a cure. The experience of the Spanish Flu suggests that this would mean living with the virus for two to three years before the pandemic comes to an end, although we still have much to learn about COVID-19 and its long term impact.
6. Ongoing surveillance of the medium and long term health impacts of COVID-19 is also required. It is now understood that some patients continue to experience symptoms after their initial recovery. Evidence also shows that COVID-19 can cause lasting damage to organs including the heart, lungs, and brain. We must build our understanding of these impacts to develop and implement prevention and treatment strategies.

Keeping the community informed and engaged

1. The engagement of the community is critical to the containment of the pandemic. Governments must continue to keep the community informed about COVID-19, with simple and clear messages that explain the risks associated with the virus, as well as the rationale for decisions that are made. Messaging must be measured and accurate, while at the same time providing reassurance that clear plans are in place to manage the pandemic and support the economy, with achievable end points.
2. The threat of COVID-19 means that the community must take responsibility for maintaining social distancing practices, personal hygiene, staying at home when unwell and getting tested. These must remain a normal part of our lives for the foreseeable future and Governments must continue to stress the importance of these to the public and the business community.

3. Special consideration should be given to tailoring messages for younger people, who throughout the world are now contracting the virus at very high rates in comparison to the rest of the population. Communication strategies must also recognise the diverse cultural backgrounds of many Australians and be structured accordingly.
4. Recognising that people are worried about the implications of COVID-19 and that this may make them reluctant to access screening services and medical care, there must also be a strategy in place to encourage people look after their other health needs and continue to access essential health services.

Changing the way we work

1. All businesses and workplaces must be COVID cautious, having COVID Safe plans and ensuring that employees who are ill are supported to self-isolate and get a COVID-19 test. However, we know that not all workplaces and businesses take this responsibility seriously. The relevant agencies in each state/territory should be given more resources to monitor compliance, including regular audit activities, particularly targeting higher risk sectors.
2. Where employees who are unwell are unable to access to leave, a national pandemic leave scheme should be available to remove the economic imperative to attend work.
3. Employees should continue be encouraged to work from home. This minimises the possibility of workplace transmission, reduces the geographic spread of the virus and makes our public transport systems safer. This helps to protect workers in essential industries, as well as those who are not in a position to work from home.

Supporting the reasonable and safe movement of people across borders

1. Border closures have proven to be an effective tool in the fight against COVID-19. However, we know that these impact on the provision of health services, families, border communities, businesses, and our tourism sector.
2. For the time being, Australia should maintain its strong approach to its international border, focusing on efforts to enable people to move safely across its internal borders. This requires unity of effort by the states and territories, with a common goal and approach to fighting the virus. Where internal borders are closed, special consideration should be given to the cross-border movement of health care workers, including the adoption of a national code of practice to enable this to be done in a safe way.
3. Australia should continue to learn from overseas experience and explore the use of technology and other systems to minimise the risks of transmission of cross border travel. However, in doing so it must recognise that Australia has benefited from its geography and that it is uniquely positioned because of low infection numbers. Solutions forced on other

countries where the virus is much more prevalent may not be suitable for the Australian context.

Bringing home stranded Australians

1. There are around 25,000 Australian currently seeking to return to Australia. However, they are unable to do so due to prohibitive airfares, limited flights, and the current cap on hotel quarantine places. Many are distressed by their circumstances and the Government has a duty to support these people and get them home.
2. In providing assistance to these Australians, the Government should consider making available telehealth for mental health support, as well as financial assistance for those citizens in need, who can demonstrate repeated efforts to return to Australia.
3. These are significant barriers to returning that will not be solved in the absence of a deliberate Government intervention. The Commonwealth should organise a final round of repatriation flights from major hubs overseas, working with state/territories to increase the number of available and properly resourced hotel quarantine places and/or explore other alternative quarantine sites.

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